

Name of Foster Parents (s): Marie Galla Date of Inspection: 4/29/20

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

☐ No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver to submit proof of payment for Adult Protective Services and Child Abuse and Neglect clearances through Fieldprint Hawaii for herself and all substitute caregivers by 5/29/20.	